

Name
in
Full

196
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	16			7	
Sex	Female	Color or Race	colored	Birth-place	Moroestown		
Occupation	Infant			Where Residing if not at place of death	Pocomoke City		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	William Allen			Father's Birthplace	Moroestown		
Mother's Maiden Name	Indiana Marshall			Mother's Birthplace	—		
Name of person giving Information	William Allen			How related to deceased	Father		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	2 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Quinn
		Address	Pocomoke City, Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	190 <u>9</u> Aug	Month	Day	Age	Years
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Maryland</u>
Occupation	Where Residing if not at place of death				
Married, Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name	<u>Robert - Allen</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Allie Taylor</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving Information	<u>J. W. Allen</u>			How related to deceased	<u>Grandfather</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>5 mos</u>
Immediate	<u>Miss Cornea</u>	How long	<u>5 mos</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. E. Holland</u>
		Address	<u>Berlin</u>
Accident or Suicide			

L. J. Evans
at Englewood
- Emma's Butler

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

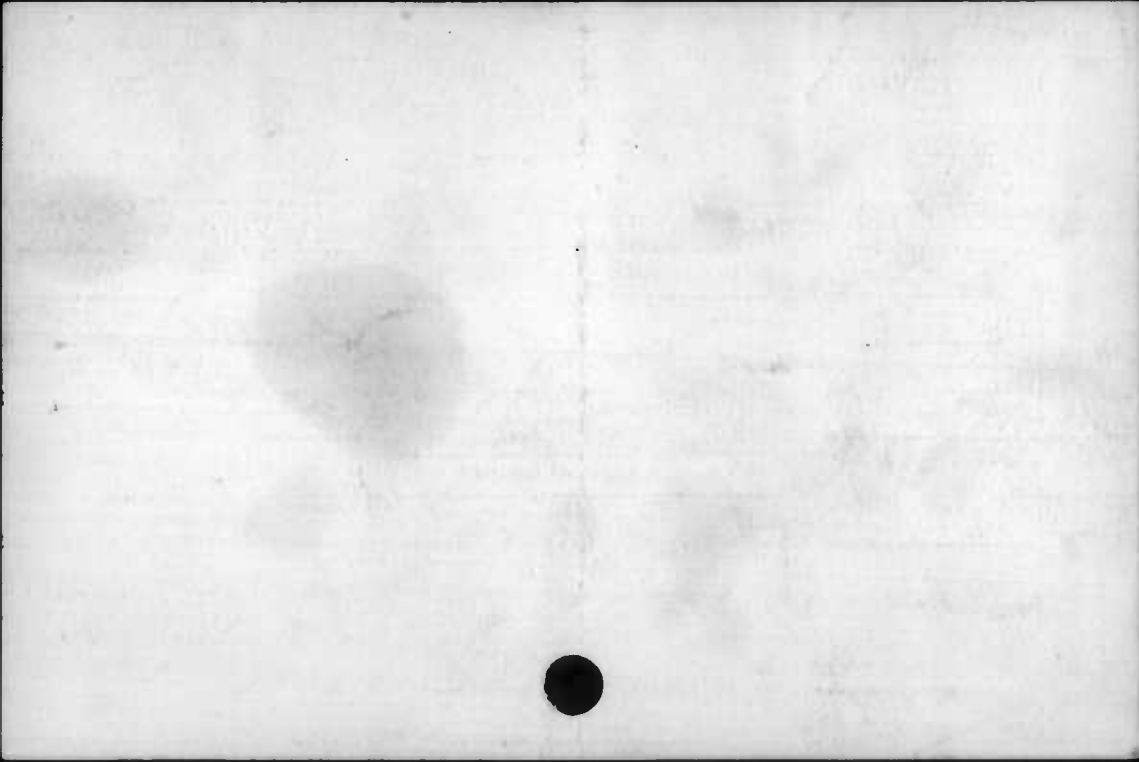
Died at <i>Ocean City</i> Town <i>Baker</i> County <i>Worcester</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>X X X</i> Years <i>X X X</i> Months <i>X X X</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ocean City-Md.</i>	
Occupation <i>X X X X X X X</i>	Where Residing if not at place of death <i>Ocean City-Md.</i>		
Married , Single	Name of Wife or Husband <i>X X X X X X X X X X</i>		
Father's Name <i>Eliza W. Baker</i>	Father's Birthplace <i>Light-Wood Del</i>		
Mother's Maiden Name <i>Eda May Wells</i>	Mother's Birthplace <i>Del</i>		
Name of person giving information <i>Eliza W. Baker</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>X</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Baggett M.D.</i>
	Address <i>Ocean City, Maryland</i>
Accident or Suicide? <i>X X X</i>	



Name
in Full

Lizzie Blades

198
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Pocomoke at Murrister* Town County

MARYLAND

Date of death *1909 Aug 26* Month Day Years

Age *2*

Sex *Female* Color or Race *White* Birth-place *Murrister Co*

Occupation *infant* Where Residing if not at place of death *11 11*

Married, Single or Widowed *11* Name of Wife or Husband *—*

Father's Name *Dale Blades* Father's Birthplace *11 11*

Mother's Maiden Name *Charlotte Burke* Mother's Birthplace *11 11*

Name of person giving Information *Dale Blades* How related to deceased *uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

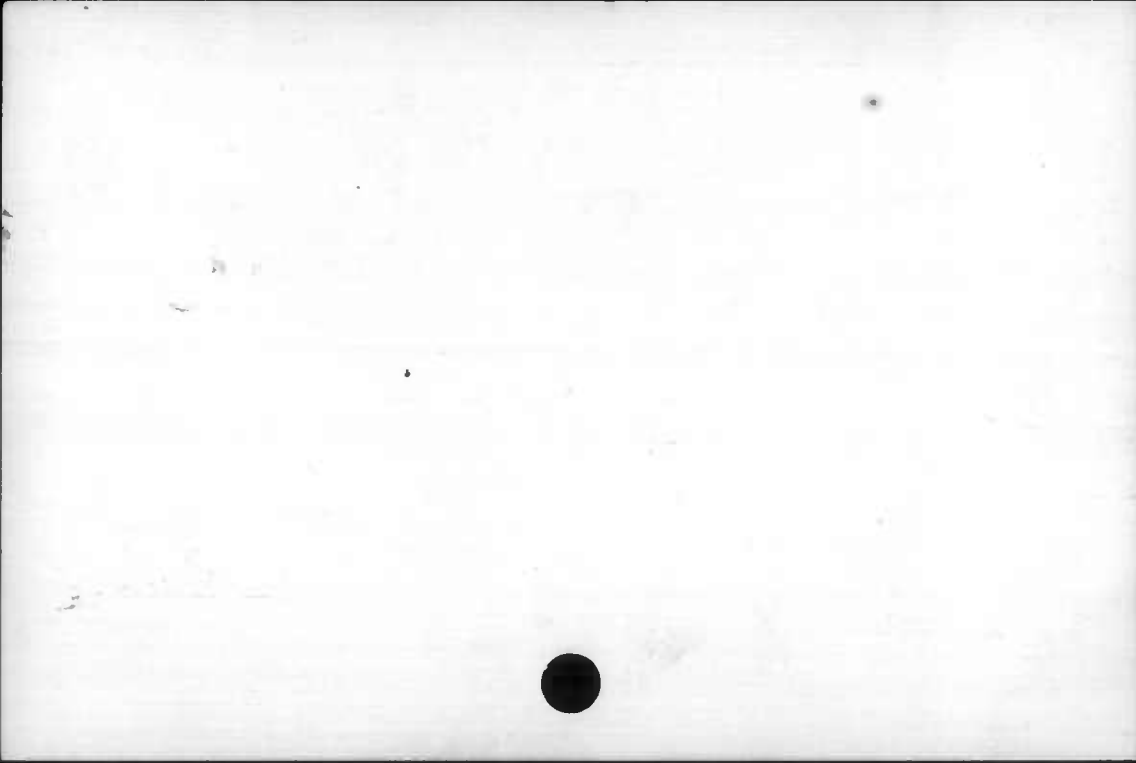
Primary *Lymphoid Leukemia & Septicemia* How long *3 weeks*

Immediate *Dropy & Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Samuel S. Dunn*

Address *Pocomoke at Murrister*

Accident or Suicide



Name
in
Full

Delaylon Bunnerile

190

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		8	23	Age	12		
Sex	male	Color or Race	col	Birthplace	Worcester		
Occupation	Unknown			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	Thomas Bunnerile			Father's Birthplace			
Mother's Maiden Name	Henry Justice			Mother's Birthplace			
Name of person giving Information	Thomas Henderson			How related to deceased			
			none				

CAUSES OF DEATH

14

How long

PHYSICIAN
OR CORONER

Primary

Immediate

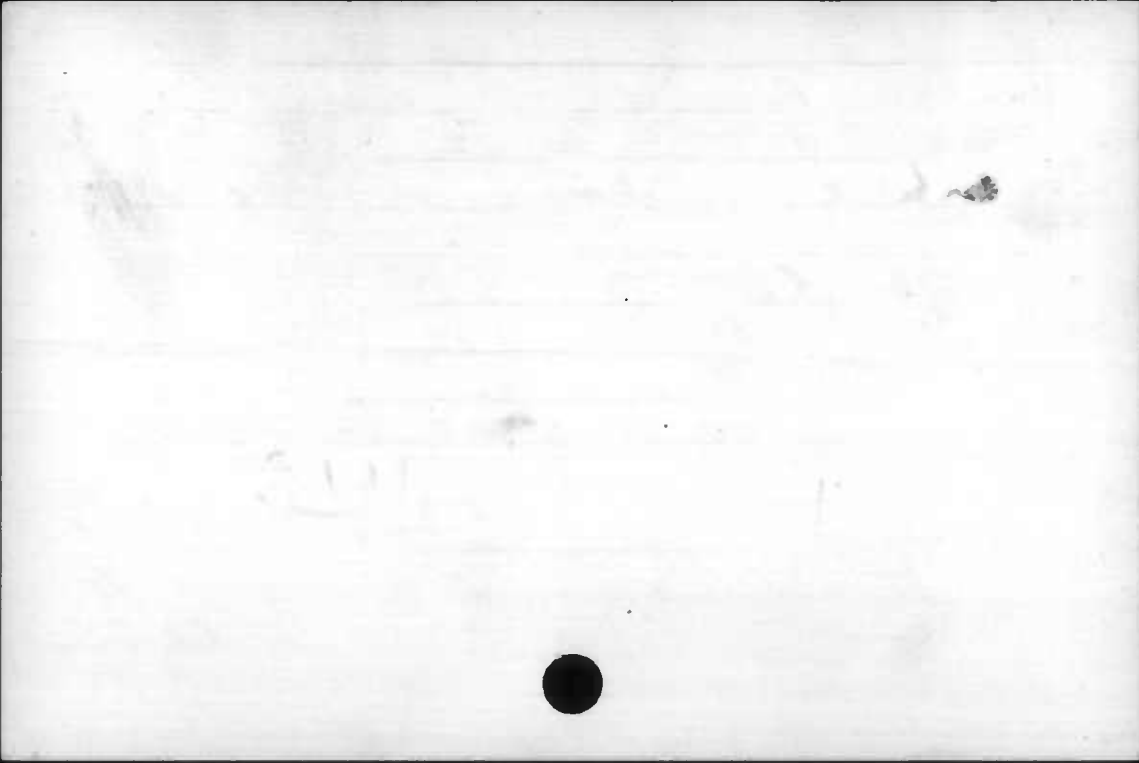
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

D. J. O. Tuck
Pocomoke City
Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jane Bradford
Town *Brunswick* County *Worcester* MARYLAND

Died at *Brunswick*

Date of death 1909 *Aug* Month *30* Day *72* Age *72* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *—*

~~Married~~ Single or Widowed Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *—*

Mother's Maiden Name *Jabitha Wilkes* Mother's Birthplace *Maryland*

Name of person giving Information *William Scott* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old age* How long *154* X

Immediate *General debility* How long

Are the name, age, sex, color, date and place correctly given above? *No - Ill, inattendant* Signature of Physician *D. A. Massey*

Address *012* *Berlin Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Berlin* ^{Town} *Washington* ^{County}
 Date of death *1909 Aug 24* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days} *1* *5* *—*
 Sex *Male* ^{Color or Race} *Black* ^{Birth-place} *Maryland*
 Occupation *none* ^{Where Residing if not at place of death}
 Married, Single or Widowed *Single* ^{Name of Wife or Husband}
 Father's Name *Edward Henry* ^{Father's Birthplace} *Maryland*
 Mother's Maiden Name *Lena Brattin* ^{Mother's Birthplace} *Maryland*
 Name of person giving Information *Lypia Brattin* ^{How related to deceased} *Grandmother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Chorea Infancia* ^{How long} *2 days*
 Immediate *Chorea Infancia* ^{How long} *2 days*
 Are the name, age, sex, color, data and place correctly given above? *Yes* ^{Signature of Physician} *E. E. Holland*
 Address *Berlin Md*
 Accident or Suicide *—*



Name
in
Full

Kettie Mary Butting Ham

CERTIFICATE OF DEATH

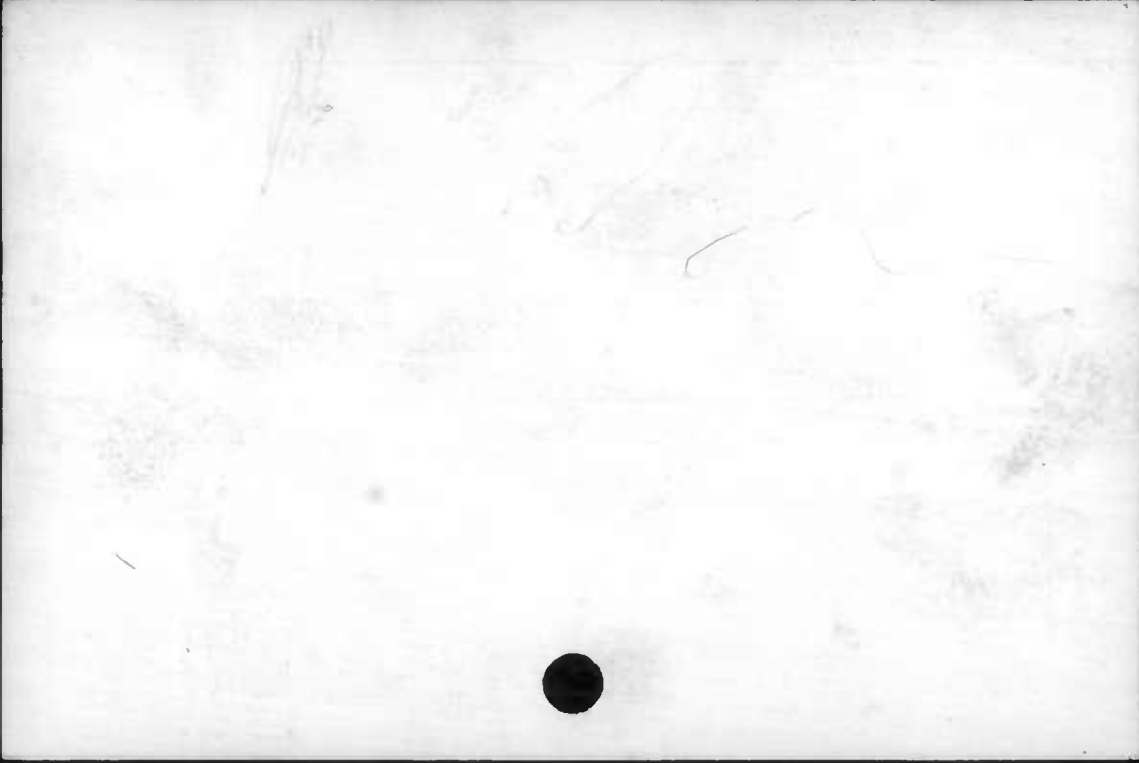
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Mar</u> <u>Berlin</u> <u>Worcester</u>		County		MARYLAND	
Date of death 1909 <u>Aug</u> <u>27</u>		Age <u>9</u>		Months <u>—</u> Days <u>—</u>	
Sex <u>female</u>	Color or Race <u>negro</u>	Birth-place <u>Wor Co</u>			
Occupation <u>girl</u>	Where Residing if not at place of death <u>Jenkins Neck</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George Pitt</u>	Father's Birthplace <u>Wor Co</u>				
Mother's Maiden Name <u>Judith Henry</u>	Mother's Birthplace <u>Wor Co</u>				
Name of person giving Information <u>Levin Buttingham</u>			How related to deceased <u>Uncle by Mar.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long <u>27</u>
Immediate		How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. W. Anderson</u>
		Address <u>Berlin Md</u>
Accident or Suicide		



Name
in
Full

Marie Costen

199
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

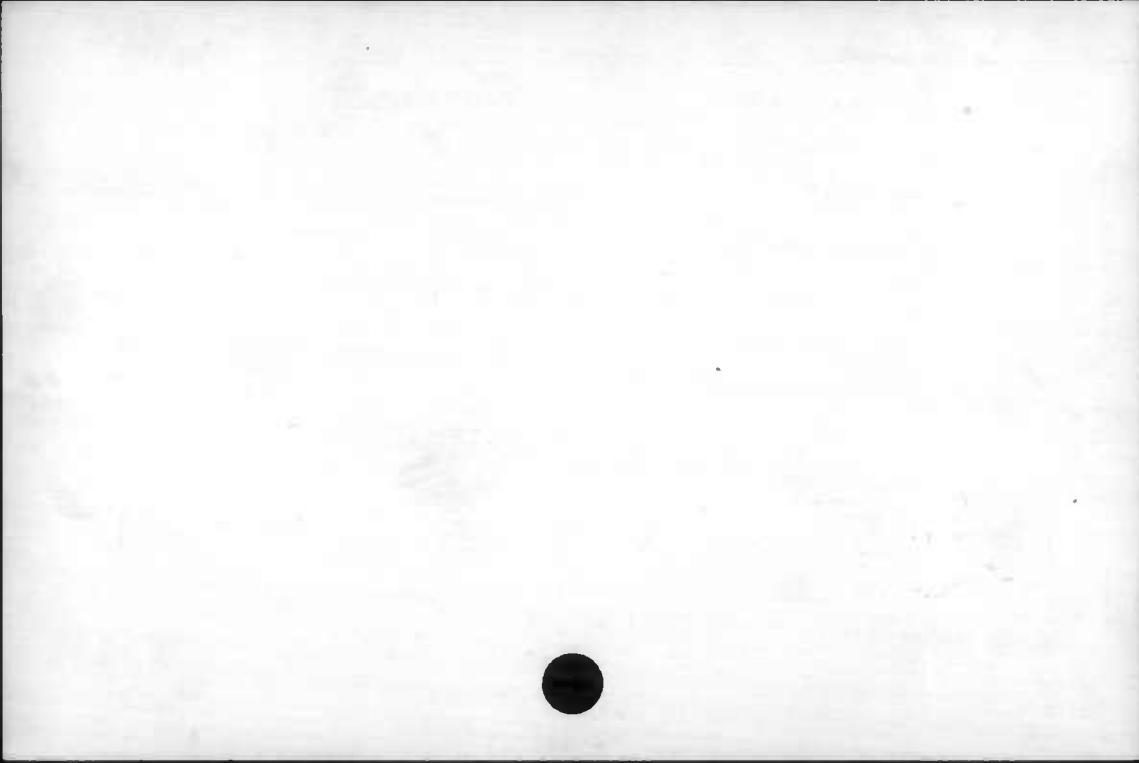
Died at <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	27th
Age	21	Years		Months	
Sex	Female	Color or Race	Dark	Birth-place	<i>Pocomoke, Md</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death <i>Near Pocomoke, Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Howell Costen</i>		
Father's Name	<i>George Collins</i>		Father's Birthplace	<i>Worcester Co</i>	
Mother's Maiden Name	<i>Ellen Dennis</i>		Mother's Birthplace	<i>Worcester Co</i>	
Name of person giving Information	<i>George Franklin</i>		How related to deceased	<i>Cousin</i>	

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary	<i>Suppurative Salpingitis</i>	How long	<i>2 weeks</i>
Immediate	<i>General Sepsis</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>N. E. Sartorius M.D.</i>
		Address	<i>Pocomoke City, Md</i>
Accident or Suicide			



Name
in
Full

194
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freemore</i>		Town <i>Freemore</i>		County <i>Freemore</i>		State <i>MARYLAND</i>	
Date of death	1909	Month	Aug	Day	15	Age	18
Sex	Female	Color or Race	White	Birth-place	<i>VA</i>	Months	5
Occupation	Housewife		Where Residing if not at place of death		<i>VA</i>		
Married, Single or Widowed	Married		Name of Wife or Husband		<i>Thos Davis</i>		
Father's Name	<i>George H. Trader</i>		Fether's Birthplace		<i>VA</i>		
Mother's Maiden Name	<i>Margaret Taylor</i>		Mother's Birthplace		<i>VA</i>		
Name of person giving Information	<i>Thos Davis</i>		How related to deceased		<i>Husband</i>		

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>93</i>
Immediate	<i>Exhaustion</i>	How long	<i>8 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>		<i>3 days</i>
Signature of Physician	<i>J. Wilson</i>		
Address	<i>Freemore City</i>		
Accident or Suicide	<i>✓</i>		

PHYSICIAN
OR CORONER

Hallam
Va



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William T. Davis

Town

County

MARYLAND

Died at

Stockton

Worcester

Date

of death

1909 Aug.

Month

Day

1

Age

Years

28

Months

4

Days

0

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Sailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joshua H. Davis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sallie A. Abernethy

Mother's
Birthplace

Maryland

Name of person giving
Information

Joshua H. Davis

How related
to deceased

Father

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

120

8 months

Immediate

Anemia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John D. Dickerson, M.D.

Address

Stockton,
Worcester Co.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Homer Duffields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDisd at ^{Town} near. Snowsill ^{County} Worcester MARYLANDDate of death 1909 ^{Month} aug ^{Day} 9. ^{Years} Age 4 ^{Months} ^{Days}Sex male ^{Color or} Race colored ^{Birth-} place MarylandOccupation ^{Where Residing if not} at place of deathMarried, Single or Widowed ^{Name of Wife or} Husband

Fsther's Name Charles E. Duffields

Fether's Birthplace Maryland

Mother's Maiden Name Jane Taylor

Mother's Birthplace Maryland

Name of person giving Information Charles E. Duffields

How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever ^{How long} 18 daysImmediste Intestinal perforation ^{How long} 6 hours

Are the nams, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

John Scheldotte
Snow Hill
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma E. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Snow Hill		Worcester			
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	4	36		1	5-
Sex		Color or Race		Birth-place			
female		white		Ind			
Occupation		Where Residing if not at place of death					
House wife		at place of death					
Married, Single or widowed		Name of Wife or Husband					
Single		John E. Evans					
Father's Name		Father's Birthplace					
James C. Bingham		Ind					
Mother's Maiden Name		Mother's Birthplace					
Matilda C. Bingham		Ind.					
Name of person giving Information		How related to deceased					
John C. Bingham		Bro.					

CAUSES OF DEATH

101

How long

Primary Vomiting & Pregnancy, Pneumonia 7 mo

Immediate Pericarditis, Exhaustion 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

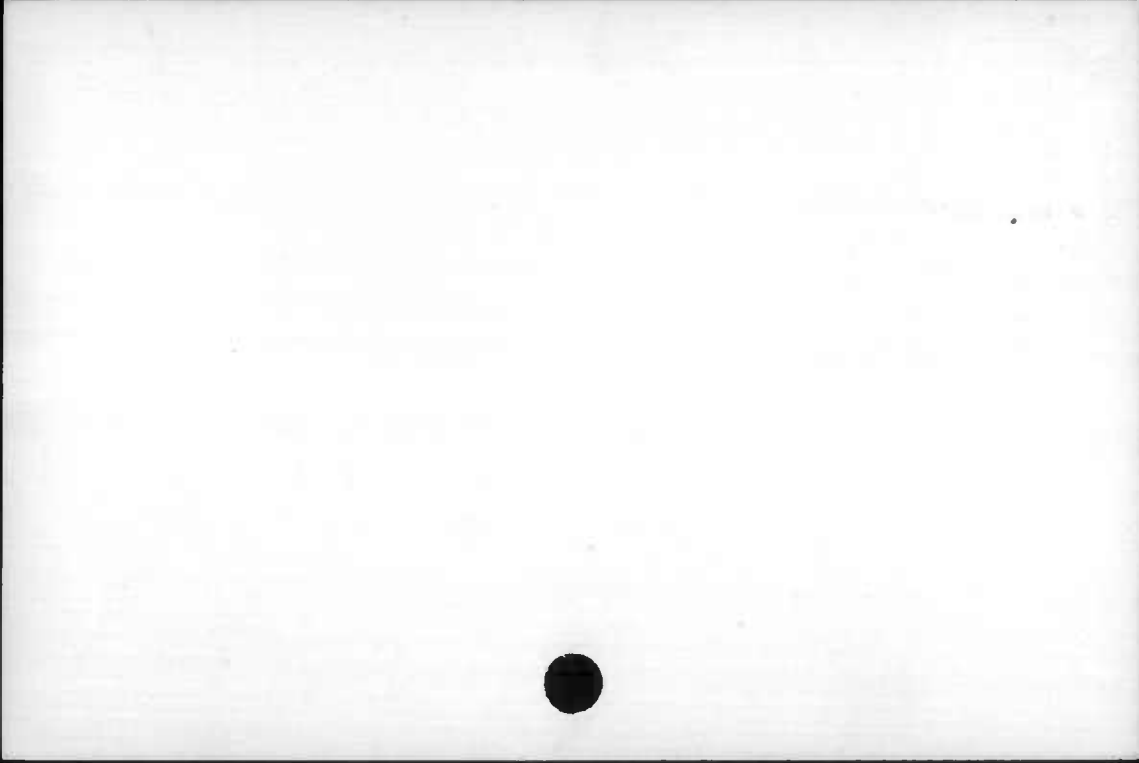
Signature of Physician

Address

Paul Jones
Snow Hill.
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Paul. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Snow Hill ^{County} Worcester MARYLAND

Date of death 1909 Aug 12 Age 23

Sex male Color or Race white Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

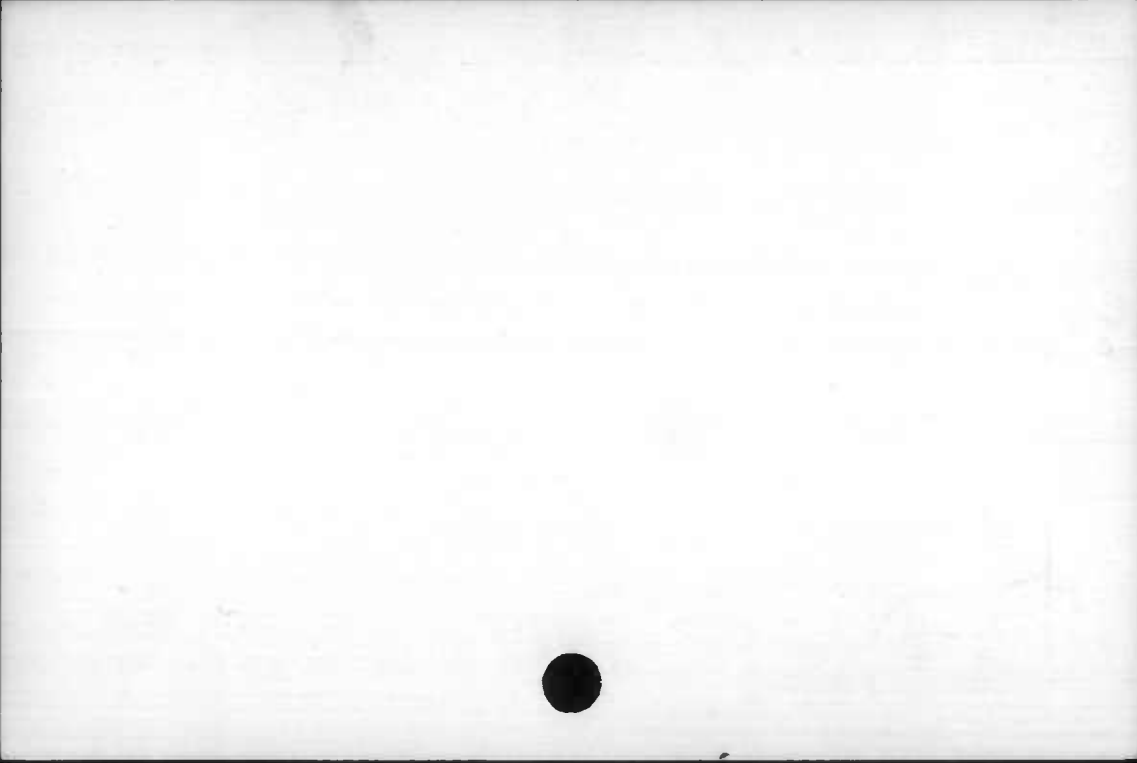
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

How long

How long



Name
in
Full

Edward Jean Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton ^{Town} Worcester ^{County} **MARYLAND**
Date of death 1909 Aug 20 ^{Month} ^{Day} Age 3 ^{Years} ^{Months} 6 ^{Days}
Sex Male Color or Race Negro Birthplace Stockton
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Edward Jean Fisher Father's Birthplace Stockton
Mother's Maiden Name Laura M. Easter Mother's Birthplace Big Mill, Md.
Name of person giving Information B. M. Easter How related to deceased Son

CAUSES OF DEATH

Primary Acute Nephritis 119 How long five days
Immediate " How long "

Are the name, age, sex, color, date and place correctly given above?

Yes

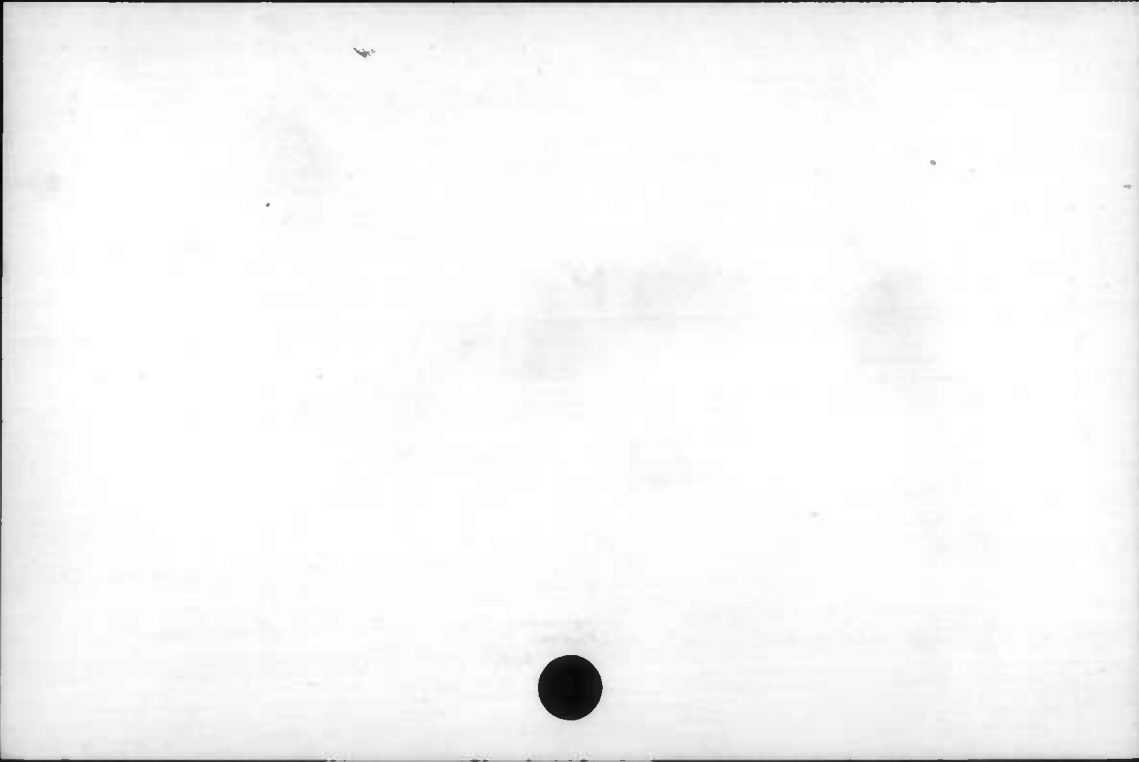
Signature of Physician

Address

B. M. Easter
Greenbackville
Va

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Neal Fisher* #11
 Died at *Stockton* Town *Worcester* County
 Maryland
 Date of death *1909* Month *Aug* Day *25* Age *20* Years Months *X* Days *X*
 Sex *Male* Color or Race *Negro* Birthplace *Stockton*
 Occupation *Farm Laborer* Where Residing if not at place of death *X*
 Married, Single or Widowed *No* Name of Wife or Husband *X*
 Father's Name *Wm Fisher* Father's Birthplace *Pocomoke Md*
 Mother's Maiden Name *Mary Fisher* Mother's Birthplace *Stockton*
 Name of person giving Information *C M Easter M.D.* How related to deceased *None*

CAUSES OF DEATH

How related to deceased

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *Six months*
 Immediate *Intestinal Tuberculosis* How long *Six weeks*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. M. Easter M.D.*
 Address *Greenbaskville Va*
 Accident or Suicide



Name
in
Full

Russell M. Fooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>Aug</u>	Day <u></u>	Years <u>48</u>	Months <u>9</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>	
Occupation <u>Home</u>		Where Residing if not at place of death <u>Snow Hill Ind</u>			
Married, Single <u>Single</u> or Widowed		Name of Wife or Husband <u>Emily Fooks</u>			
Father's Name <u>Irwin Fooks</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Charlotte J. Coulbourn</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>Emily Fooks</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

Primary <u>Paralysis following</u>	<u>166</u> How long <u>3 yrs</u>
Immediate <u>fall from ladder</u>	How long <u></u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paul Jones
Snow Hill
MD

Accident or Suicide

2180

Name
in
Full

195
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towamoke</i>		Town <i>Towamoke</i>		County <i>Hamburgh</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Aug 15</i>		Month <i>Aug</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md</i>		Where Residing if not at place of death <i>—</i>			
Occupation <i>—</i>		Married, Single or Widowed <i>—</i>					
Father's Name <i>Jos. T. Hambrick</i>		Names of Wife or Husband <i>—</i>		Father's Birthplace <i>N. C.</i>		Mother's Birthplace <i>N. J.</i>	
Mother's Maiden Name <i>Ada G. House</i>		Names of person giving Information <i>Jos. T. Hambrick</i>		How related to deceased <i>—</i>		How long <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Wilson</i>	Address <i>Towamoke City</i>
Accident or Suicides <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Jarmons

Died at *St. Martins* Town *Nov* County *MARYLAND*

Date of death 1909 *Aug.* Month *12* Day *Dead* Age *Born* Months Days

Sex *Male* Color or Race *White* Birth-place *St. Martins*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Nat. Jarmons*

Father's Birthplace *St. Martins*

Mother's Maiden Name *Della Hudson*

Mother's Birthplace _____

Name of person giving Information *Nat. Jarmons*

How related to deceased *" "* *Father*

CAUSES OF DEATH

Primary *Dead Born*

How long *L*

Immediate

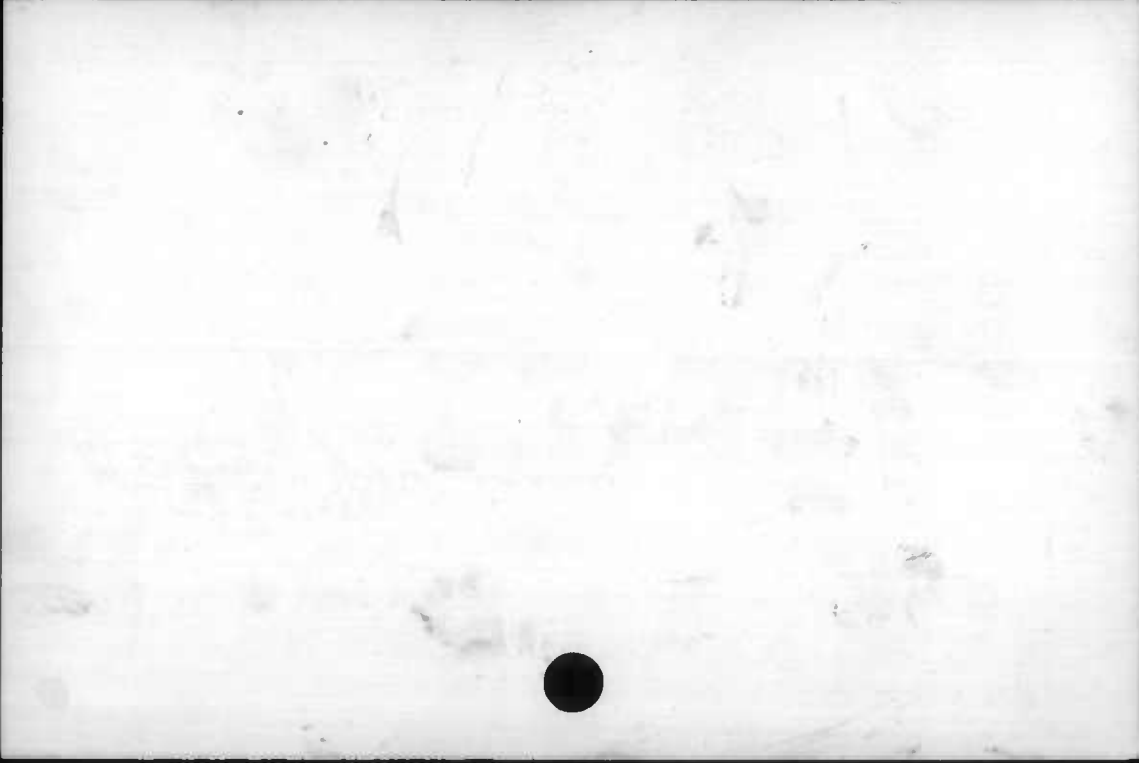
How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Doyle*
Address *Baltimore*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

197
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jeannette</i> Town <i>Long</i> County		MARYLAND	
Date of death 190 <i>9</i> <i>Aug</i> <i>18</i>	Age	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Pocomoke City</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>11 11</i>		
Married, Single or Widowed <i>"</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Norman Long</i>	Father's Birthplace <i>Monrovia Co</i>		
Mother's Maiden Name <i>Janie Mills</i>	Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>" "</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

179

Primary <i>Bottle Boils</i>	How long
Immediate <i>Malnutrition</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Samuel S. Quinn
Pocomoke City Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John T. Parsons.

Died at *Stockton*

Town

Worcester

County

MARYLAND

Date of death *1909 Aug.*

Month

Day

*4*Age *66.*

Years

Months

6.

Days

26

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mary Elizabeth Jones*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
Information*Edmer P. Parsons*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Apoplexy

How long

*64**4 days*

Immediate

Coma

How long

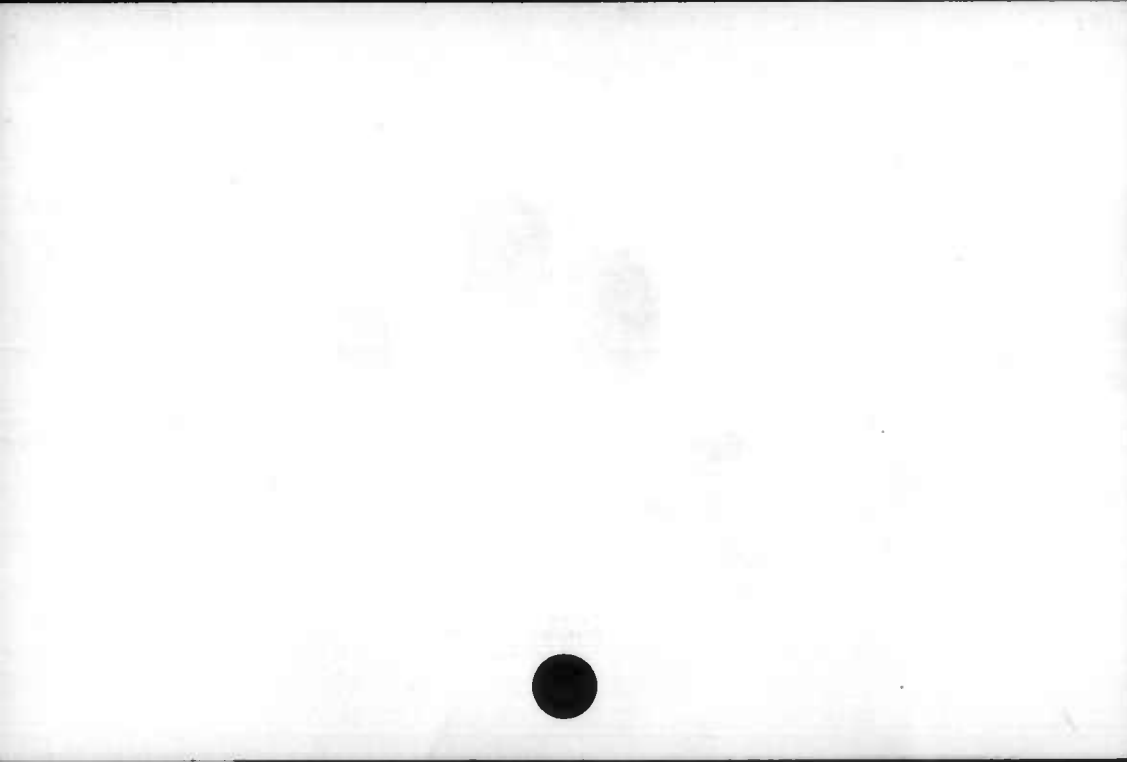
*2 "*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*John D. Dickerson M.D.
Stockton
Worcester Co.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

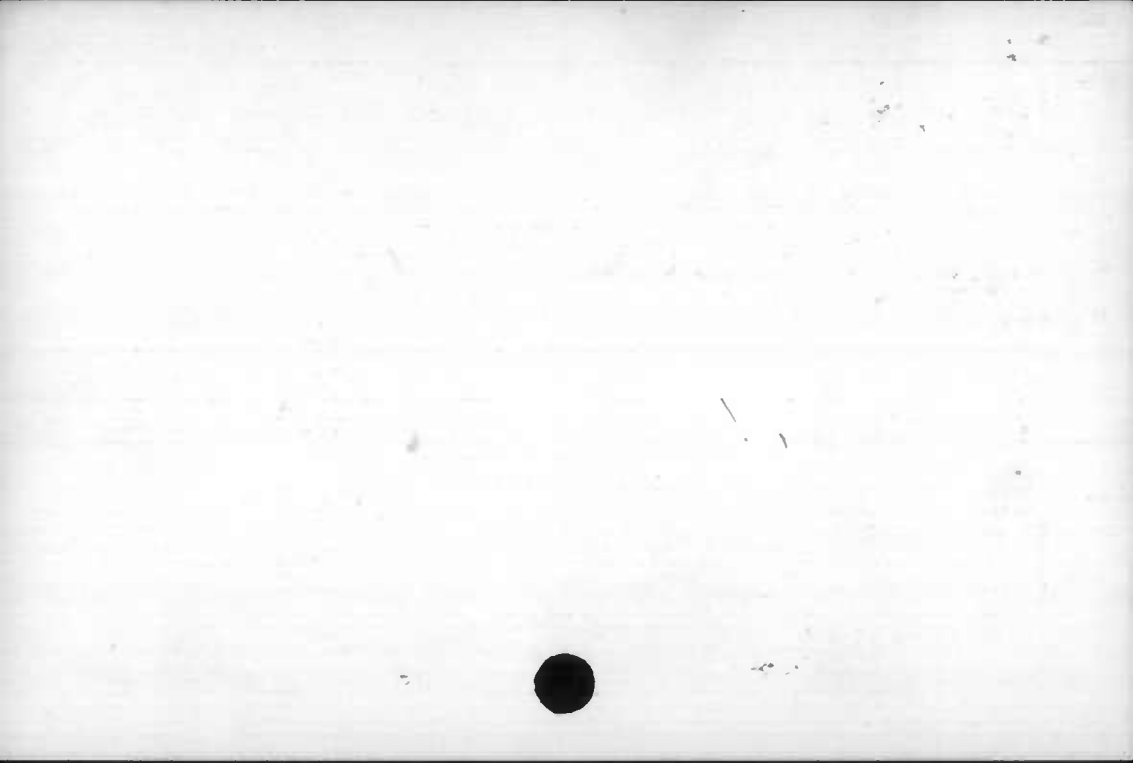
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary L. Pusey</i>		Town <i>Shrew Hill</i>		County <i>Delaware</i>		MAYLAND	
Died at <i>Shrew Hill</i>		Month <i>aug</i>		Day <i>30</i>		Years <i>66</i>	
Date of death <i>1909</i>		Month <i>aug</i>		Day <i>30</i>		Age <i>66</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Delaware</i>		Months <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>8</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Isaac W. Pusey</i>		Father's Birthplace <i>Del.</i>			
Father's Name <i>Jas. Pruitt</i>		Mother's Maiden Name <i>Mary Pruitt</i>		Mother's Birthplace <i>Del.</i>			
Name of person giving Information <i>G. L. W. Pusey</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

Primary	<i>Chronic Nephritis</i>	How long	<i>Don't know</i>
Immediate	<i>Heart failure</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John L. Riley</i>	
		Address <i>Shrew Hill</i>	
Accident or Suicide		<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

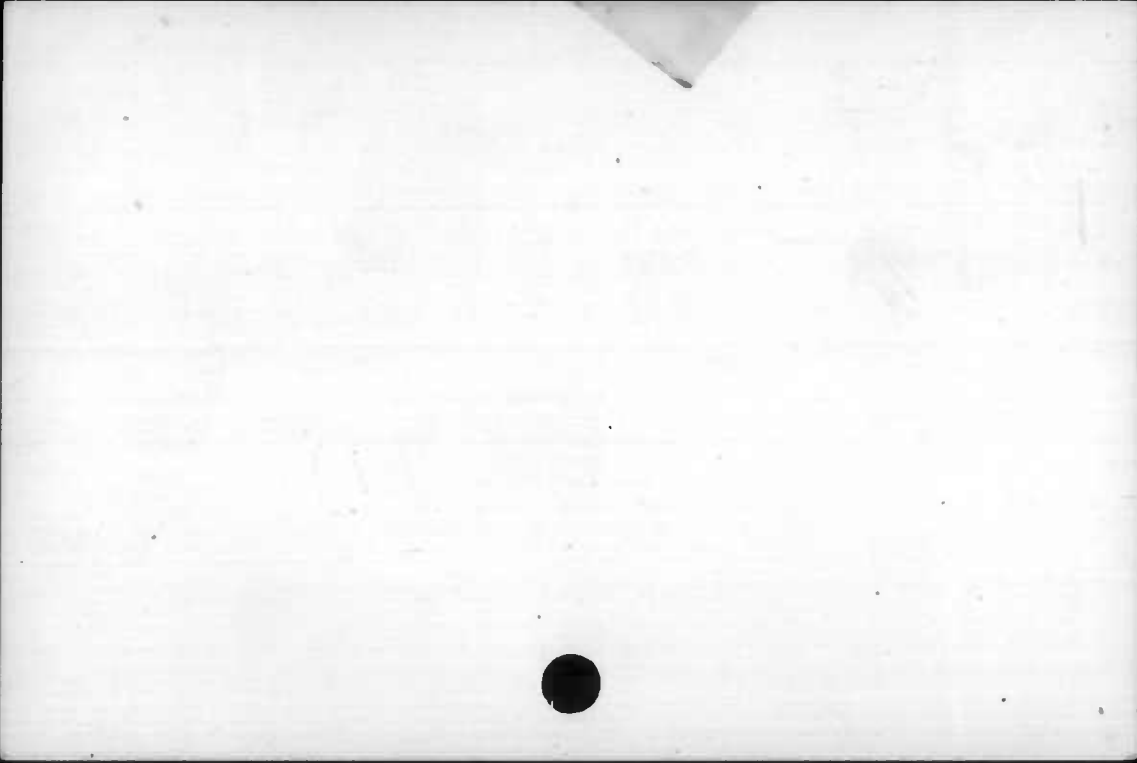
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town		<i>Rockingham</i>		County		MARYLAND	
Date of death <i>1909 aug 9</i>		Month		Day		Age <i>3.</i>		Years	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Snow Hill Md</i>		Months		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Sydney H. Roxbrough</i>				Father's Birthplace <i>Snow Hill Md</i>					
Mother's Maiden Name <i>Fannie E. Purnell</i>				Mother's Birthplace <i>Snow Hill Md</i>					
Name of person giving Information <i>Sydney H. Roxbrough</i>				How related to deceased <i>father</i>					

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>1</i>	<i>1</i>	<i>1</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>	<i>1</i>	<i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Riley</i>	Address <i>Snow Hill Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Eva Jarr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gudletts ^{Town} Worcester ^{County} MARYLAND
 Date of death 190 9 ^{Month} Aug ^{Day} 27 Age 7 ^{Years} 10 ^{Months} 8 ^{Days}
 Sex Female Color or Race White Birth-place Ind
 Occupation _____ Where Residing if not at place of death _____

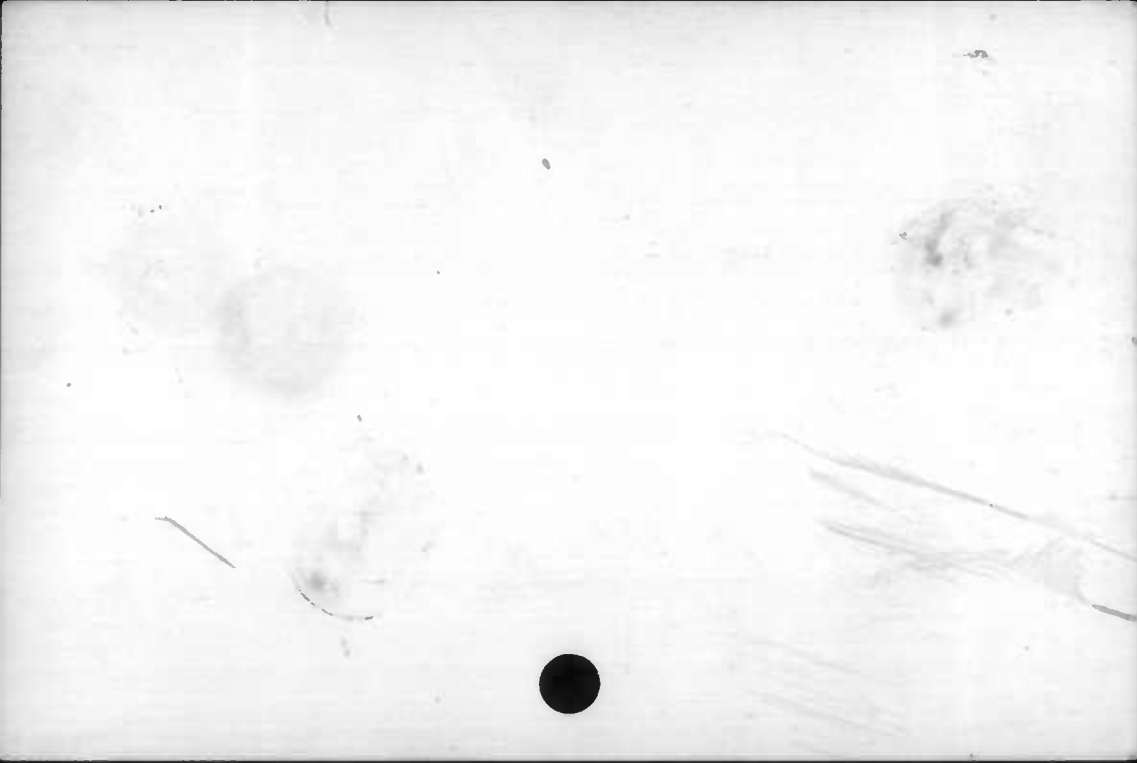
Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Geo Jarr Father's Birthplace Ind
 Mother's Maiden Name Clara Holstein Mother's Birthplace Ind
 Name of person giving Information Geo Jarr How related to deceased Father

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary Appendicitis How long 4 days
 Immediate Intestinal Stenosis How long 3 days
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. H. Bunnell, M.D.
 Address Gudletts Ind,
 Accident or Suicide _____



Name
in
Full

Miss Florence R. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Berlin

County

Mor.

Date

of death

1909 Aug.

Month

Day

13

Age 51

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Berlin Md

Occupation

House Keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

R. D. Taylor

Father's
Birthplace

Berlin Md

Mother's
Maiden Name

Marg E. Lewis

Mother's
Birthplace

Name of person giving
Information

Chas. Taylor

How related
to deceased

Brother

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

1 Day

Immediate

Heart Failure

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

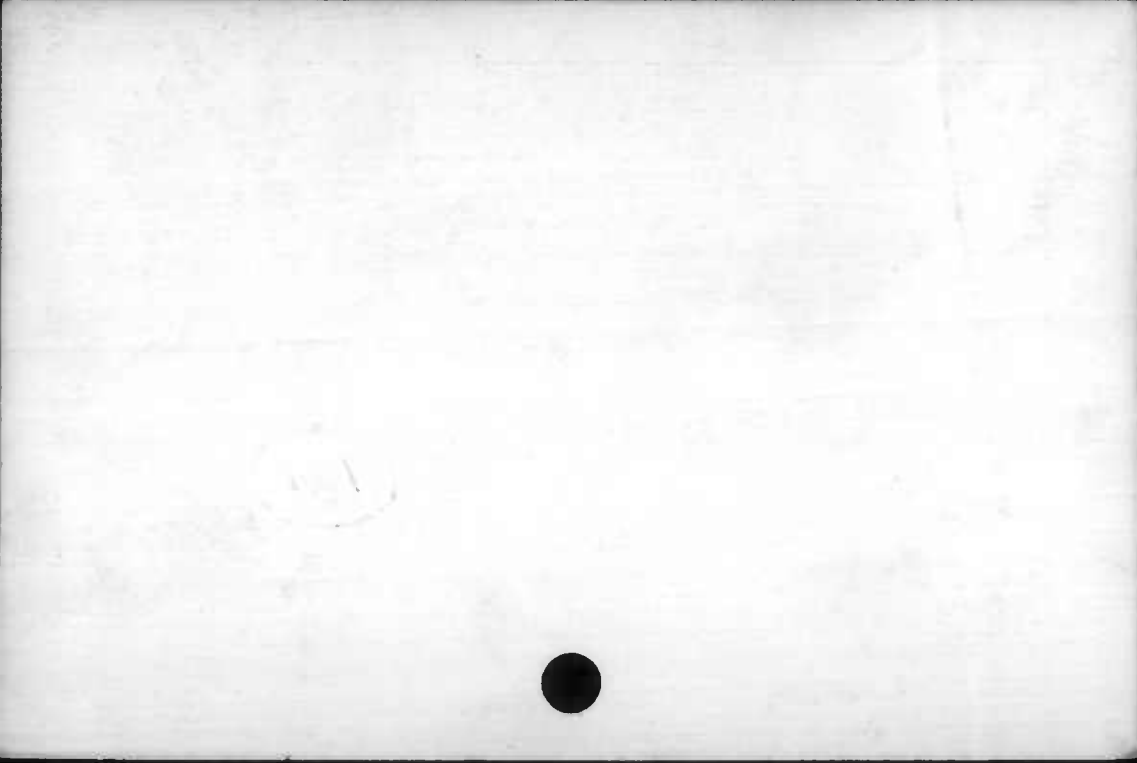
Signature of
Physician

Address

John Pitts
Berlin, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Calb Wilson*
 Town *Snow Hill* County *Horseshoe* MARYLAND
 Died at
 Date of death *1909 aug 27* Age *96*
 Sex *male* Color or Race *colored.* Birth-place *Maryland*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Wilson*
 Father's Name *don't know.* Father's Birthplace *unknown*
 Mother's Maiden Name *Rebecca cottingham* Mother's Birthplace *Maryland*
 Name of person giving Information *Sarah Castel* How related to deceased *Daughter*

CAUSES OF DEATH

154

Primary *Senile debility* How long *one year*
 Immediate *'t* How long
 Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *John L. Riley*
 Address *Snow Hill, Md.*
 Accident or Suicide *no*

PHYSICIAN
OR CORONER

